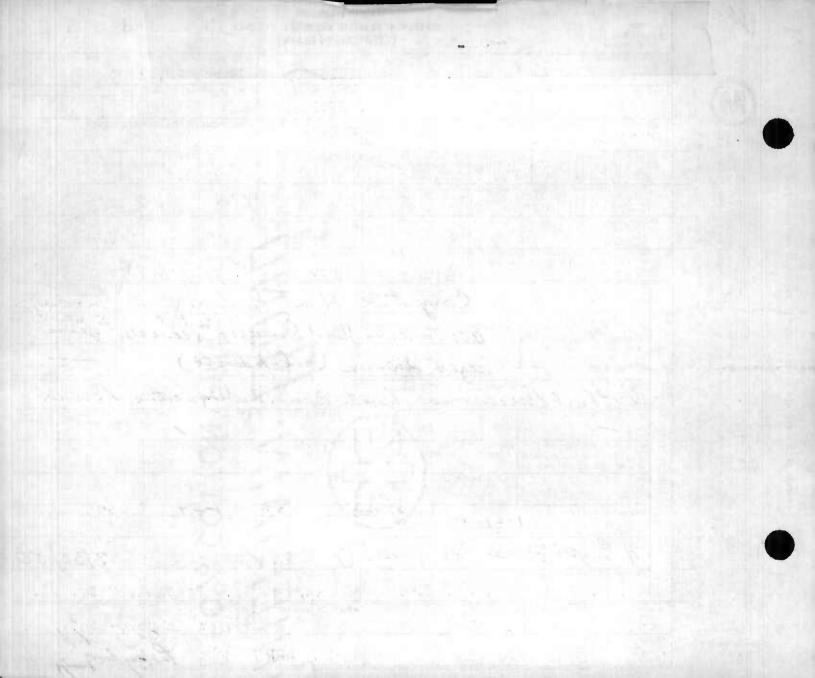
	STATE OF M	ARYLAND	•
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE,

U 8

		REGISTRAR	The state of		ERTIFIC	CATE OF DEATH	R	EG. NO.		
		CEASED NAME FIRST	MIC	DDLE	LAS	Т	20 DATE OF DEA		DAY YEAR	2h HOUR
	(TYPE	EDNA	A	G.	HE	ILIG	March	28,]	1980	M
	3. SEX	(4 RACE		DATE OF		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	
	Fe	emale	White	\$ (ept.	27,1898	81	YR		HOURS MIN
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	MAPPIED	NEVER MARRIED	9 BALTIMORE	ITY OR COUN	NTY OF DEATH	
4	Ba	Ttimore, Mo	d. USA	1	VIDOWED		WORCES	TER		MD.
a		TY OR TOWN OF DEATH	(IF NOT IN SUCH !	SPITAL, NURSING ACILITY, GIVE STREET ADD	RESS)	OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR House	MOST OF WORKIN		
6	13a S	AL RESIDENCE (IF NURS LATE) Maryland	UNTY	VE RESIDENCE BEFORE AD 31. CITY OR TOWN POCOMOKE	1	3d. INSIDE CITY LIMITS?	13e STREET ADD	ress ront S	Street	
	14 FA	THER'S NAME	WIDDLE			5 MOTHER'S MAIDEN N		DOLE		C.Y.
3		Hyman	Gol	dberg		Pauline	2		Ledere	
1	(Y		ARMED FORCES? 1	66 SOCIAL SECURIT	1	17 INFORMANT (day	ghter) H. Spi	ADDRES 344	4 Winte	r Qt. D
	No			214-74-	9386	Mrs. Rutr	n H. Spi	nak, I	OCOMOK	e city,
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	for (a), (b), and (Heart.	Failar		BETWEEN 1 - 2	XIMATE INTERVAL ONSET AND DEATH
		4111D	DIATE CAUSE (o)	A SAA CONSEQUENC	CE OIC	11 10	. 14	itrel	Sea	end
		Conditions, if ony, which	DUE TO, OR	torusclas	de	Haut Des	meset s	· feros	us ye	an.
		gove rise to immediate couse (a), stating the underlying couse lost	DUETO, OR	AS A CONSEQUENCE		a (melty	Redorist)	_	_
	N C	PART 2 OTHER SIGNIFICAL	NT CONDITIONS COM	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OF	CONDITION	GIVEN IN PART I	ned
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OF	PERATION	WAS PERFORMED	200 AUTOPSY	20b. IF IN CEI	YES, WERE FINDS RTIFYING CAUSES YES	
The same	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW INJURY OCCU				
7		OR CONTRIBUTING CAUSE O	PERIN	. MONTH DAY	19					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY IT, FACTORY, OFFICE, FARA	A, ETC.)	211 LOCATION STREET	CITY	Y OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this h	ospital) attended the	deceased from 3	/ mas	19.59	, to	- 9	, 19.50	, that (I) (we) lost
		sow the deceosed olive obove, (1) (we)(did) (die	on 1-17-	19 50	, onc	I that in (my) (our) opinio	n deoth occurred or	the dote and	hour and from the	e couses stated
		22b. SIGN ACTIVE	tours,	101	n.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	3/3	SO/80
		224. PHYSICIAN'S NAME (T	(PE OR PRINT))		22e ADDRESS				
		N. E. Sar	torius, J	r. M.D.		114 Market		·	ke City	, Md.
	13	BURIAL, CREMATION, REMO				METERY OR CREMATORY	CITY OR TO	WN	COUNTY	STATE
		urial	3/30/	80 Bet	n Is	rael Cemet	tery, Sa	lisbu:		
	HO	OLLOWAY FUNI	ERAL HOME	ADDRESS	hurv	Md. DPR	1000	10	La hours	
	110	PECMUT LOW!	THAT HOUT	, Darra	Dul y	, 110. LIL	1300	my	14/18 CV	cache

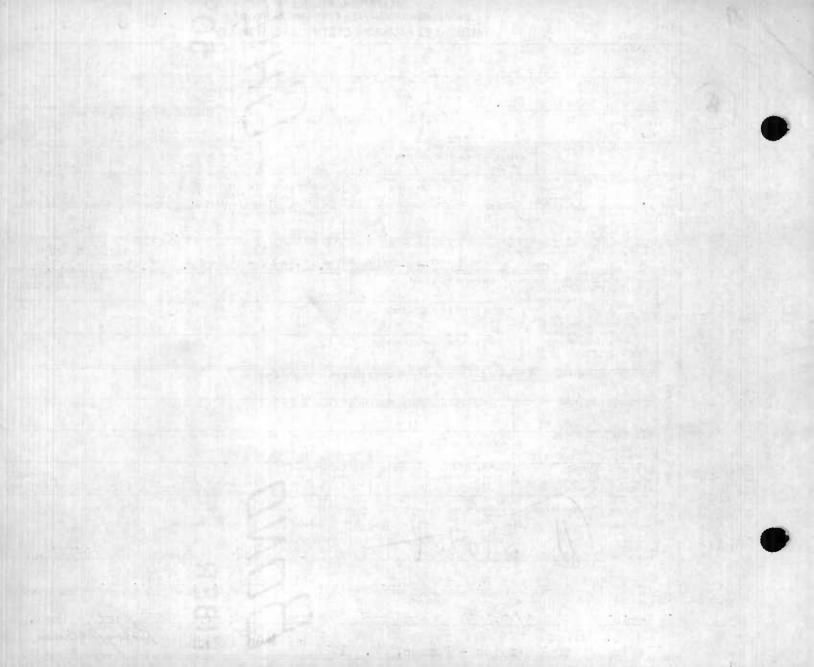
BP. DHMH - 16 50M 1/76 (VR A 15 (4))



M.			•		STATE OF MARYLAND		and the second second
9	1				OF HEALTH AND MENERTIFICATE OF DEAT		8 6 5 3
2	30	1.	DECEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
É	0 0		(Type or print) Eleand	or Owens	Hoatland	March	1°, 1°980 9 : 20 M
900	167	3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
9	(347)		Female	white	May 26,	1903 last birthdoy)	YRS. MONTHS DAYS HOURS MIN
4	1	70	. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
	380	5 "	Maryland	U.S.	WIDOWED TO DIVORCED		r Md.
_ =	- u	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		2a. USUAL OCCUPATION (Kind of work	
21201	auld deat		ocomoke City		Street	uring most of working life, even if reti	red.) INDUSTRY
10 2	and the same	130 ad	a. USUAL RESIDENCE (Where decease mission) STATE	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. IN	SIDE CITY LIMITS? 13e. STREET AND NUMBI	
RYLAN	and urs		mission) STATE Maryland		Pocomoke YES	1 - 1 - 1 - 1 - 1	
MAR		2 14	. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN		
AORE, MA	cample Pages	20	James	T. Owen			cGrath
MOR	and ca ers. Pa within			or or dotor of convent			ke City, Md.
ALTII	= d +	′ =	no			alee Dryden, 70	APPROXIMATE INTERVAL
STREET, BA	/sici		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c) BY:	na of the Lun	Cr.	BETWEEN ONSET AND DEATH
REE	carb		11 1 G IMMEDIA	TE CAUSE (a)	01 010 1011	6	
N SI			Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			
STO	aftend remo		rise ta immediate cause (a),	(b)		· · · · · · · · · · · · · · · · · · ·	
I W. PRESTON	by the please removal,		stating the underlying couse	(c)			THE RESIDENCE OF THE PARTY.
¥ tot	by la pl		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART 1(a)	
301	The ,	12	Conges	tive Heart Fail			
RDS,	s to t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDI	NGS CONSIDERED IN CERTIFYING
RECO.		7			YES 🗀	NO CAUSES OF DEATH?	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5. PHYSICIAN: The law requires that the death certificate be executed within 24 hour	hysician. te has b Il-transit burial, ci				21c. HOW INJURY OCCURRED	Center nature of injury in Port 1 or Po	ort 2, Item 18.)
N	physicate rial-t	MFDICAL	(If either, natity medical examina	er) P.M.	9		
N OF	ding ertifi bur ar t	>	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R	I.F.D. No. City ar Town	County State
ISIO	is co		at work at work	1 2 1 1 1 1 1	10-13	-10 75 to 3-1-	10.80
> 0	or of the office office of		saw the deceased a	s haspital) attended the deceas	ed from and that in (m)) (a	-, 19_75, ta3-1- ur) apinion death accurred an th	, 19 00, that (we) last
9	Afte or us Hyg	0	causes stated abave	(I) (we) (did) (did not) view the	bady after death.	or, apimon acam accorrea an ir	ie date and habi alla right the
O DITENDING	haspita IOR: Af ed far ental H		22b. SIGNATURE	X	ATTENDING	MED. STAFF	22c. DATE SIGNED
8	a Data		1.6.	san of a	11113.	MED. STAFF DIRECTOR PHYS.	3-1-80
4	d by the		22d. PHYSICIAN'S J. G	. Santiano, M.1	22e. ADDRESS	100 8th St., Po	comoke City.
HOSPITAL INC.	FUNERAL nauld be Health	00	DUDIAL COCALATION DOLD	ATC 02. WANG OF	STAFFEDY OD SDEMATORY	1021 1064TION (C). * 1	Md. 21851
H	o FUNER shauld of Healt	23	a. BURIAL, (REMATION, 23b. D		cemetery or crematory wood Cemetery	23d. LOCATION (City or Town)	(County) (State) e;Somerset:Md.
		24	FUNERAL DIRECTOR	ADDRESS			RAR'S SIGNATURE
DI	HMH-16 1/71 30 (VR A15 (4	M	Four LIV	/ 1	cess anne		try McColed
	/+// VID /-	"		FEI	CERS ATTHE DATE		/ /

100	,	neces.		firm la	9.0	F1 8 VD		MONGEL M	
			100			4			s.lames
	7								sīves.
					incid E	. hh87.70		- Wato	colemano
	trata]	rbnS var		politing		ig g verte		Son Ex	
		64650 I							
,	108		ent mil	135	Saule-	SE-4 ES.			100
		Ball							
			S-X-						
					120	740.5			
75.33	10 E ; E	enna teophin		is:rel	boows	0.334	0801		Isitus
				Sens B		٠.		A ST	

	1	1						MARYLA								
0	4	1-	FOR STATE			DEPARTMENT C						0	8	6	No.	B
6			REGISTRAR		M	EDICAL EXAM	INER'S	CERTIFI	CATEO	F DEAT	H	REG. NO.	0	-	~	
	5		CEASED NAME	FIRST		WIDDLE		LAST		20	DATE KN	IOWN []	MONTH	DAY	YEAR	2b. HOUR
	发展的发展		CONTRACTO	Harr	son			Kee,	III		OF E	ATED X	3	72	19 80	
	3653	3. SEX	C [4	. RACE	S. DATE OF BIRT	TH I6. AGE (III	YEARS IF U	INDER I YR.	IF UNDER	24 HRS 26	DATE		MONTH	DAY	YEAR	2d HOUR
		Ma	ale	White	Jan. 3	V YEAR LAST BIR 32	YRS.		HOURS		DEAD	ED	3	12	1980	1:15
	83 Th	7a. B	RTHPLACE (STA	TE OR	76. CITIZEN OF	WHAT COUNTRY?	8.	RIED NE	VED 44 - DOI	9	BALTIMOF	RE CITY OR	COUNT			
	芸芸の子をして	1	REIGN COUNTRY)		TT	S.A.		MED NE	DIVORCE	-	707		0			
	ZE O		Ohio ITY OR TOWN O	F DEATH		OSPITAL, NURSING HO					WORC	ester	Cou	nty,	ID OF BUI	MD.
	PAGE FILED 3301				I IF NOT IN SUCH	FACILITY, GIVE STREET ADDRES	is)	THE RESTRICT	711011	FOR MO	ST OF WORKIN	G LIFE)	F WORK	OR	INDUSTR	Y
	DELAY 3 TO TH IN PAC 105, 30		Ocean Ci			y Inn, 47th				Ma	nager			Re	estur	ant
			TATE	13b. COUN		GIVE RESIDENCE BEFORE ADM		had INSIDE O	CITY LIMITS?	130 STREE	T ADDRESS					
	F AND SHOUL SHOUL		Md.	Worce	ester	Ocean Ci		YES X	NO 🗌		670	Box 5	37.	(2	21842)
	, + , , , , , ,	14. FA	THER'S NAME					15. MOTH	ER'S MAIDE				200			
	DEATH DEATH DEATH DEATH AND 2 AND 2		FIRST	a	MIDDLE	LAST	Tee				MIDD				AST	
	FORM ON OR O	160 V	Harri VAS DECEASED	EVER IN U.S. ARA	AFD FORCES?	Kee 16b. SOCIAL SECU	Jr.	Ma.1	AAANIT	-	E	ADDRESS		Dic	C.K	
	URS AFTER DEATH URS AFTER DEATH URS AFTER DEATH WITH FORM PM PAGES 1 AND PAGES	(YI	ES, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)				(fat	her)		ADDRESS	oodr.	idge	e Lar	e
	PALIM IRS AFTE GIVE P WITH FO PAGES DIVISION		No	Nor		421-62-7	495	Mr. I	Harris	on Ke	e, Jr.	N.	Ham	ptor	3 N	H
	HOURS AND WITH PACE WE, DIVISE WE, DIVISE WE, DIVISE WE		18. CAUSE OF	DEATH (Enter and TH WAS CAUSED	y ane cause per li	ine for (a), (b), and (c).)								BETW	PROXIMATE	INTERVAL AND DEATH
	A I < 7 < 7	- 4	TARTIDEA	IMMEDIAT	E CAUSE (a)	Gunshot wou	nd of	head	(r	ifle)						
	VITHIN 24 CIL IN ITEM NER ALON ANSIT PER AOVAL.	123	733	2		OR AS A CONSEQUENC										
	N I I I I I I I I I I I I I I I I I I I			, if ony, which												
	ED WI PENCI (AMIN AL-TRAI AENTA			to immediate	(b)	OR AS A CONSEQUENCE	E 05									
	SOLVED IN PERAL		lying couse	e last.	1000,0	on no n consequent	L OI									
	EXECUTE 4G" IN P 4G" IN P 4GH EX, A BURIAL AND MI		DIST OF STREET		(c)											
	L RECORDS, 301 W. PREDICE UID BE EXECUTED WITHIN "PENDING" IN PENCIL IN SED AS A BURAL-TRANNER A HEATTH AND MENTAL HY CREMATION, OR REMOVAL	z	PAKI Z DINEK SIGN	ILLICANT CONDITIONS	DMIRIBUTING TO DEA	TH BUT NOT RELATED TO THE T	ERMINAL DISEA	ISE DR CONDITID	N GIVEN IN PART	T I (a).						
	PEN	CERTIFICATION	19a. DATE OF C	PERATION	119h CON	DITION FOR WHICH OF	FRATION	WAS PERFOR	PAFD?	-				120 A1	UTOPSY?	
	HOULD SHOULD CHIEF A SHOULD OF HEAD YOU CHIEF A SHOULD OF HEAD AL, CREA	5	1000				EMMINIST	THO I EM ON	WILD.							
	WOR WOR	E	21a. EXTERNAL	CAUSEWAS	214 7144		1.00								ES X	NO 🗌
	THE WENT	Ö				OF INJURY M. MONTH DAY YE	AR ZIC.	HOW INJURY	OCCURRED) (ENTER NAT	URE OF INJURY	IN ITEM 18 PAR	tt 1 OR PAR	RT 2)		
	PET COMPT	3	CONTRIBUTING	XXOR G CAUSE OF D	EATH ? P	.m. 3 1219	80 s	elf ir	nflict	ed						
	S CERTIFICATE SHOUND THE WORD VITING THE WORD VITING THE WORD WITING THE CHIEF CAS SHOULD BE USE DEPARTMENT OF PRIOR TO BURRIAL, C	MEDICAL	21d. INJURY OC			E OF INJURY AT HOME ACTORY, FARM, ETC.)	21f. L	OCATION STREET								MD.
	E: THIS CER RE, WRITING RE, WRITING RE, PAGE 3 STATE DEP	5	AT WORK	NOT WHILE	h	otel	Go	teway	Tnn		C+	Ocean	Ci ta		Ionao	5.1416
		100			3 1/4 2	1						ocean	OT 0	y 9 VI	VOI CE	no del
			32u. Lournity	that took charge	e of the remains	eribed above held or		psy X	Inspection		Inquiry L	J, and i	in my opi	inion		
	A H I I I I I I I I I I I I I I I I I I		death resulted	Info. feature	al couses LAN	Acquident 4	Suicide X	Hamie	cide,	Undeterr	nined mann	er .				
	EXAMINE CERTIFICA JID BE FG DIRECTOR WITH THE		a desired	111	· W	1424			SPECIFY)							
	CAL THE SHOURAL ATH,		SIGNATURE_	ALION	use 1	/may		M.D. Dept	ity Ch	iefedic	AL EXAMIN	ER	SIGNED	3/	13/8	0
	MEDICA CUTE THE CUTE THE FUNERA FUNERA INORE,			1.0		0							010.12			
	MEDICAL EXAM ECUTE THE CERTINGSE A SHOULD B FUNNEX DIRECTER DEATH, WITH	-	EXAMINER'S N	AME Th	nomas D.	Smith, M.I).	ADDRESS]	Lll Pe	nn St	. B	alto.	. MD			
	TO MI EXECU PAGE TO FU AFTER BALTIA	23a. Bl	URIAL, CREMATI	ON, REMOVAL 2	Bb. DATE	23c. NAME OF	EMETERY			123d. LOC.						
		(5	PECIFY)							CITY OR	TOWN	***	COUN		514	
	BP	24. FI	Burial UNERAL DIRECT	OR	3/17/19	80 Woodk	T.O OK	Cemete	25a. DAJE RI		urn	Midd	eser	X X	Mas	5.
	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT		ADDRE				MA	AR 18		fee	yrony	Me	Cread	in the same of the
	15M 7/76		leming	Funeral	Service	- Benson,	Md. 2	1018	20170	1	1300	-	/	1190000		/



1	_					MAKTLAND					
	- S	OR TATE		DEPARTMENT OF DICAL EXAMIN			CD U	C	8	6 5	5
-		EGISTRAR EASED NAME FIRST	MEL	MIDDLE	EK 3	CERTIFICATE		REG. N	-		7
-1"		OR PRINT)	-	Mode	10,	LASI	20. DATE OF	ESTI-	1 2 3	DAY YEAR	26 HOUR
		MOBER	TL	11/000	11.14	VGHRY	DEAT	H MATED	5 5-2	2 1982	M
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE			ER 24 HRS. 2c. DA	TE INICED S	MONTH	DAY YEAR	2d. HOUR
1	111	RIE WHITE	June 21	00	RS.	HS DAYS HOURS	MIN PRONO	ND .	3-22	1000	18Pm
7	o. BIR	THPLACE (STATE OR	76. CITIZEN OF WH			IED NEVER MA	9. BALTI	MORE CITY O	OR COUNTY	OF DEATH	
1		EIGN COUNTRY)	USA		WIDOW		RCED (/)	PPF	CTEL	0	
		nsylvania Y OR TOWN OF DEATH		PITAL, NURSING HOM	1		12a. USUAL OCC	LIPATION (TV	PE OF WORK 12	KIND OF B	MD
4	0	TA11/14		HITY, GIVE STREET ADDRESSY	11110	1/		ORKING LIFE)	b lot work	OR INDUST	
E	CL	SAN CITT	17700 C	KEHP H	1004	9	14751	01191	1	TECYC	111
	30. ST		E OR OTHER INSTITUTION, GIV JNTY	13c. CITY OR TOWN	ON)	134. INSIDE CITY LIMITS		RESS			
L	Vi	ginia Fa	irfax	Alexandri	a	YES NO	X 1910 Sh	nerwood	Hall	Lane	
1	4. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
		Joseph	MIDDLE	McClaughry	7	Netti	e	MIDDLE	N	4iller	
10	6a. W	AS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURIT		17. INFORMANT		ADDRESS		Same as	
	(YES	Yes (IF YES, G	TT	569-14-31	78	Wife -	Geraldine	McClass		#13 e	
=	Т				.70	I WITE	GELGIGIE	LICOTAU	· Sirry	APPROXIMA	TE INTERVAL
		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUSTINE PART I DEATH WA	SED BY:	OCARD	IAL.	INFA	RLTION			BETWEEN ONS	ET AND DEATH
		/// IMMED	IATE CAUSE (a)	-		1 1.0	10011000				
н		Canditions, if any, whi	A	AS A CONSEQUENCE	OF TIC	CARNING	JASCULM.	3716	ASE		
1		gove rise to immedia	ite (b)	o che all		Chippio	Mocochi	c 8/0 c	7000		
	-1	lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF						
ı			(c)								
Ŧ		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL OISEAS	E OR CONDITION GIVEN IN	PART 1 (o).				
	ŏ	CARCINOM,	A OF TH	E 1551	1CC:						
1	3 1	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	MOITA	AS PERFORMED?				20. AUTOPSY	?
	Ĕ								11.100	YES 🗌	NO A
1	-	210. EXTERNAL CAUSE WAS	216. TIME OF		21c. H	OW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART :		
1	¥	UNDERLYING OR CONTRIBUTING CAUSE C		MONTH DAY YEA	· _						
	음	21d. INJURY OCCURRED	21e. PLACE C	FINJURY (AT HOME,	211. LC	CATION				_	
	ME	WHILE NOT WHILE		DRY, SARM, ETC.)		STREET	CITY OR	OWN	COUNT	TY	STATE
1		AT WORK AT WORK									
		22a. I certify that I toak cho	arge of the remains desc	ribed above, held an	Autap	osy , Inspec	tian Inquir	y . or	nd in my apini	ian	
		death resulted from. No	tural causes	Accident, Su	icide 🗌]_ Hamicide	Undetermined	manner .			
		()	170	1. 10		TITLE (SPECIFY)					-
		ACTUAL CULL	1.100	ed (My)	. N	N.D.	MEDICAL EXA	MINEP	DATE SIGNED	3-22-	80
31		00	1	^	1	21 0	MEDICAL EXA	Λ.	SIOINEDE	m	
4		EXAMINER'S NAME	L H. 50	:077, 111	0,	ADDRESS BA	AAA ST.	130	KLIK,	11/1	
2	3o. BU	RIAL CREMATION REMOVAL	23b. DATE	23c. NAME OF CE	METERY C		23d. LOCATION				
	(SP	Burial	Mar. 26 8				CITY OR TOWN	lls Chu	urch	Vå	TATE
2	24. FU	NERAL DIRECTOR 7 7		o line z in	,U L T	250. DA	E REC'D BY REGIST	RAR 256. REG	ISTRAR'S SIG	NATURE	
	D	NERAL DIRECTOR 7. 71	Homog Tho	A 1 are 17 a	20	2314 N	IAR 3 1 19	3	ingray/	xelvo	4
	nei	maine Funeral	nomes, Inc	. Alex. Va	. 44	-J14					1

Control Engineering (A. 1966) A. 1966 Control Andreas (A. 1966) A. 1966

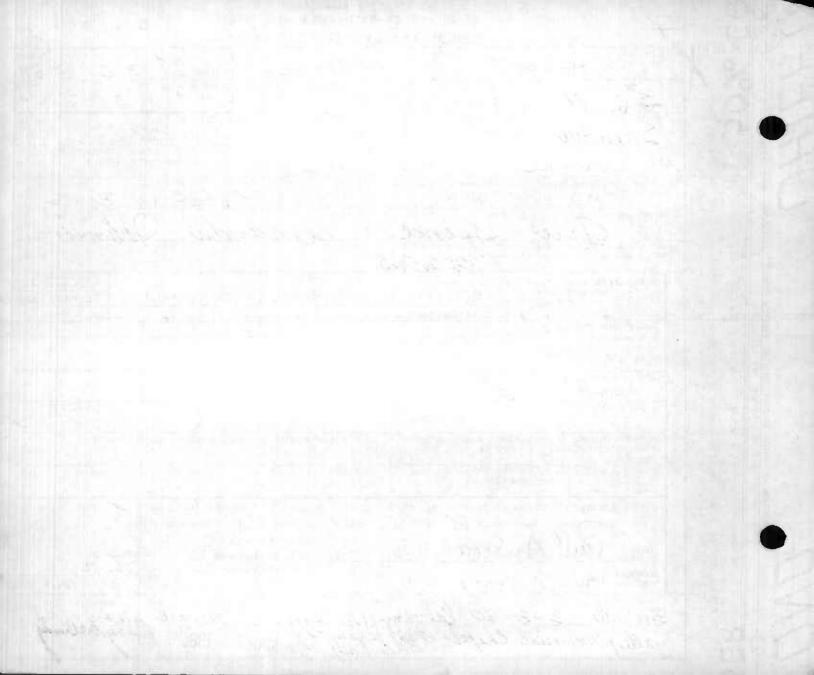
	4.4			
			ne la la la	
		4		12.00
and \$1.00 backlened for a				
				19104
- Like Spingeline and Line	ob pikhiri i	871.3-12-1212		toZ [
LOY OF BACK SH				
	1			
		-9,5		
HAT I STREET HE AT		read that		

	1			FMARYLAND		
1	11-	FOR STATE		LTH AND MENTAL HYGI	3 4 3 4 24	0 5 6
		REGISTRAR	MEDICAL EXAMINER	S CERTIFICATE OF D	KEG. NO.	0 0
(BB)		CEASED NAME FIRST	MIDDIE	REDDISH	05 5571	ONTH DAY YEAR 26 HOUR
(IVI)		FRANCE	s Collins	7 -	OF ESTI-	
1	J. SE.	A M	ON H DAY YEAR LAST BIRTHDAY) A	FUNDER 1 YR. IF UNDER 24 HE	PRONOUNCED	ONTH DAY YEAR 2d HOUR
5.10.15		emale Caucasian J	14 16, 1893 86 YRS.		DEAD	30 1980 10AM
STAN HERE		RTHPLACE (STATE OR 76) PREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
ASSES		Del.		DOWED DIVORCED	WOR	CESTER MD
SAGE OF SAGE	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OF W	VORK 126. KIND OF BUSINESS OR INDUSTRY)
304 40 4		Newark	Main Street 110,	Bex 26 Sc	hool Teacher	Education
AND 3 RETAIN COULD		AL RESIDENCE (IF IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e 3	STREET ADDRESS	Mist L
F AND SHOUL		Mai Worce	ester Newark	YES NO 1	10, 130x26,1	lain street
MD. 2 ATH. 4 PM 3. 40 2 S	14. F	ATHER'S NAME FIRST MI	DDLE / / LAST	15. MOTHER'S MAIDEN NA	ME	, LAST
EE, M	1+	rancis Edwar	d Collins	Hadie	- D	errickson
	160.	WAS DECEASED EVER IN U.S. ARMED (ES, NQ. OR UNKNOWN) [(IF YES, GIVE WAR (FORCES? 166, SOCIAL SECURITY NO	17. INFORMANT	ADDRESS	D TIN MY
BALTIMO URS AFTER URS AFTER S. GIVE PA WITH FOI		NO	1219-01-690	21/1/8 May Ki	Harrison Pil	100x26 Newarl
B.		18. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	e cause per line for (a), (b), and (c).)	1. Bank	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., HIN 24 HOL IN 17EM 18 SIT PERMIT. HYGIENE, I		IMMEDIATE CA		weil Chamen	ne	
AL AL		4292	DUE TO, OR AS A CONSEQUENCE OF	100	. 1 11.	
W. PREST D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY REMOVA!		Conditions, if any, which gave rise to immediate	(b) Calludation	ue Cardier	anny arma	al
OT W. PREI		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			ALL 2012 1071
XECUTED C" IN PE CAL EXAL BURIAL AND MEI			(c)			
2 200 40	1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PART 1 (a)		
ULD BE E ULD BE E WENDIN EF MEDIN SED AS A HEALTH CREMATI	CERTIFICATION	19a. DATE OF OPERATION	THE COMPLETENCE OF THE CHAPTER AND	NAME DE DE CONTROL		Tee
TALRE HOULD RD "PEE LOSED OF HEL	ICA	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
DF VITA	E	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21	C. HOW INJURY OCCURRED (EN	TER MATTIRE OF MINING IN ITEM IN BART	YES NO X
N OF V THE WO THE WO	1 2	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	C. HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM IS PART	ORPARIZ)
VISION OF V CERTIFICATE & TING THE WO DED TO THE BED TO THE BED TO THE BED TO THE PRIOR TO BURI	MEDICAL	CONTRIBUTING CAUSE OF DEAT		f. LOCATION	THE RESERVE OF THE PARTY OF	
DIVISIO HIS CERTIF VRITING: ARDED TO GE 3 SHG VIE DEPAR	MEC	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DI E. WRII RWARD PAGE STATE		AT WORK AT WORK				
Ø E A January		22a. I certify that I taak charge af	the remains described above, held an A	utapsy . Inspection X	Inquiry X, and in	my apinian
E CERTIFICAT DULD BE FO L DIRECTOR: H, WITH THE		death resulted fram: Natural co	Accide Suicide	Hamicide Un	determined manner,	
AL EXAMINE CERTIFICOULD BE CALL DIRECT H, WITH MARYLA!		LICTURE OF U	and state	ALLE (SECIFY)		2/21/01
		ACTUAL SIGNATURE	omen plus-1	Me Auplly		DATE 5/3//80
MEDICAL CUTE THE SE 4 SHOI FUNERAL ER DEATH, TIMORE, M		EXAMINER'S NAME	aman I lourn	MA /110	and Is Aus.	1 Hell mel
TO MEI EXECUT PAGE A TO FUR BALTIM		(TYPE OR PRINT)	OMAS IN JONES (HADDRESS 12 JA	were, Man	Hell Till-
EXEC PAG TO TO AFT	23a.F	SURIAL, CREMATION, REMOVAL 236. D	1/2/2 23C. NAME OF CEMETE	RY OR CREMATORY	LOCATION CITY OR TOWN	COUNTY ATMIE
· 8P	24.4	PUTIAL T	1480 Junset Mer	norial Tay K	Serlin Word	CESIEV /VIA
DHMH - 17 (VR A15 ME (5))	14.1	UNERAL DIRECTOR	ADDRESS /// CL A	/ 1// ADD T	D 1	w Mc Breeken
15M 7/76	1/	ma III mile	7-108Williams ST, De	MIN. MA APRI	1980 Jungan	777

		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
A		-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	05/
1			ECEASED NAME FIRST MIDLE LAST 20. DATE KNOWN PMONT	H DAY YEAR 76. HOUR
	SE SS. SS.	(1)	Flossie May Reyl DEATH MATED 3	-16 1988 1AM
	PLEASE ICTOR. FILES. HOURS TREET,	3. SE	The state of the s	DAY YEAR 26 HOUR
	, A	FE	emale white 5-6-04 75 yrs. Months days hours min Pronounced 3-1	16 1080 1A M
	SSA WAR	7a B	BIRTHPLACE (STATEOR 76 CITY OR COUNTRY? 8	NTY OF DEATH
	B E E	1	ARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED	ster MD.
100	AY IS N THE NAGE FILED	10. C	CITY OF TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WOR	126 KIND OF BUSINESS
	PELAY IS TO THE A PAGE BE FILED	16	FOR MOST OF WORKING HIFE.	GRINDUSTRY OLIVER
	D & 4 0 8	USU.	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	Town II the way
21201	AND 3 TO RETAIN P. SHOULD BE RECORDS.	N	STATE 136 COUNTY 139 CHY OR TOWN 136. INSIDE CITY LIMITS? NO. STREET ADDRESS	
0.2	000	14. F	FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
AD.			FIRST Elijah MIDDLE Shark/PU Sarah	Brown
ORI	S - PAGE	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	DION
BALTIMORE	B. GIVE PAR B. GIVE PAR WITH FOR		1/42 74/3 C. Lunden Rew Girdlete	DO Mel
8	B. G. WIT DIVI		18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
ST.	DE A SE A,		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYO CARDIAL INFARCTION	SETWEEN ONSET AND DEATH
NO NO	Z Z A Z S :		DUE TO, OR AS A CONSEQUENCE OF	7897631712
PRESTON	UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT O MENTAL HY OR REMOVAL	173	Canditions, if any, which gave rise to immediate (b) HYPERTENSION	SEV. VPS
3	RETA WE		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
301	EX. EX. OR OR	A	lying cause last. (c) ASHD	SEV. YRS
			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS	PENDIN PENDIN PENDIN PENDIN PENDIN PENDIN PENDIN	ON		
	SHOULD SHOULD CHIEF A CHEF A CREA	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
¥	SHOUND ON THE CHIE	III.		YES NO X
OF.	AENID B			PART 2]
NO NO	ARIA POLICE	CAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VITAL	CERTIFICATE SHOITING THE WORD DED TO THE CHIE SA SHOULD BE US DEPARTMENT OF PRIOR JO BRIDA.	MEDICAL	2Td. INJURY OCCURRED 2Td. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 2Tf. LOCATION STREET CITY OR TOWN	COUNTY STATE
ō	R: THIS CE TE, WRITIN DRWARDED R: PAGE 3 E: PAGE 2 E: STATE DE	1	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CITY OR TOWN	31210
	R: T TE, ORW S: P.		22e. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my	aninian
	EXAMINER: CERTIFICATE JID BE FOI DIRECTOR: WITH THE ARYLAND, 2		death resulted fram: Natural causes X, Accident , Suicide , Hamicide Undetermined manner ,	a primari
	EXAMINO CERTIFICATION OF BE DIRECT WITH ARRYLAN		TITLE (SPECIFY)	
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MARY		LACTUAL A MARIE A MARI	E 3-16-80
	E THE SHAPE			
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.	-	(TYPE OR PRINT) DOROTHY CO HOLZWARTH ADDRESS TO TIMMONS STO SNOW	& HILL Mo.
	PAGE TO TO A PETE	23e. B	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMETERY	TATE /
	BP	L	Burial 3-19-80 Springhill Meth. Girdletree,	Yary /3/2/
	DHMH - 17	24 F	FUNERAL DIRECTOR ADDRESS ADD	SIGNATURE
				A //
	(VR A15 ME (5)) 15M 7/77	1/	KORMEN TILLENAIS SHOW HIM MU MAR 24 1980 MAR	w/Kelinesolu

Flores de la maria della maria The state of the s The same windstown was a second HOERTENSION Car Service 1511 South to define the same to South of the warring in the same of the state of the many of the state of the st

. 1/2		STATE OF MARYLAND	
	i	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 8	5 8
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, , ,
HEALTH DEPT		ECEASED NAME First Middle Lost 20 DATE KNOWN GO Month	Doy Yeor 2b. HOUR
PM3.	1	Type or Print) HERBERT SPENCE DEATH MATED 3	3 1980 5 PM
Pages 1, rm PM3	3.5	EX 3 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 25. DATE PRONOUNCED DEAD	2d. HOUR
0 =		Jost birthday) MONTHS DAYS HOURS MIN Month 3 Doy 3	
Give Depo	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1700 O M
835		MIDOWED DIVORCED WORCESTER	
E 1 1 7 5	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
N Page	1	R. SNOW HILL give street oddress) RTE 1 BOX 112 during most of working life, even if retired.)	INDUSTRY
B B B B B B B B B B B B B B B B B B B	730	ISSIAL RESIDENCE (Where decensed lived if institution: Peridence before 13c CITY OR TOWN	
25 × 500			BOX 112
The line of the li	14 5		1
BALTIMORE welling in all Examine of Examine of Examine of Examine of Examine of Examine of the other of the o	17.	ATHER'S NAME LIEST MIDDLE LOST IS. MOTHER'S MAIDEN NAME First Middle	lost
	160	WAS DECEASED EVERTINUS. ARMED FORCES? 1/26. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	moon
9 2 2 2 3		WAS DECEASED EVERTINUS, ARMED FORCES? (es, no, or unknown) (if yes give wor or dates of service) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	
STREET, ulid be word inef Me r. File	=	VI VIII VIII VIII VIII VIII VIII VIII	APPROXIMATE INTERVAE
ST8		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ACLOTICE AND CHRONIC LEVEL AND CHRONIC CHRONIC CONTROL CONTROL CHRONIC	BETWEEN ONSET AND DEATH
TON ST e should ng the w the Chie permit, in any		IMMEDIATE CAUSE (o) PICO 12 AND CHINASTO LLONG POLITY	SEVERAL MONTH
PRESTON ificate s writing to to the ansit per		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
- 0		rise to immediate cause (a) (b)	
Ser		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
301 W. PRES This certificate, writh forwarded to 1 burial-fransif		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	NO	ADVANCED AGE	
I. RECORDS, N. EXAMINE S execute the should be used as cremation,	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	RTIF		YES NO
	AL CE	216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Its	m 18.)
OF VITA TY MEDIC. TY, pleas The Page 4 The files. Shauld b ta buriol,	MEDICAL	CAUSE OF DEATH P.M. 19	
	>	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
VISION OF DEPUTY director. F for your f gage 3 she prior tal		AT WORK AT WORK	
DIVISION TO DEPLI IS necess I directs I far ya Page 3		220. I certify that I toak charge of the remains described abave, held an Autopsy 🔲, Inspection 🖳 Inquiry 🖂	ond in my opinion
To lelay is uneral a fained fi		death resulted from: Natural couses 🖳 Accident 🔲 Suicide 🔲 Hamicide 🔲 Undetermined manner	
delay i funeral retained ECTOR:		CHIEF MEDICAL EXAMINER	
f any delay in the funeral be retained birectories.		SIGNATURE CULL FINANCE 22b. DATE 22b. DATE	SIGNED
If any of ta the fit y be ref		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	4/80
after death. If 2, and 3 to 3 to 3 to 5000 5 md 3 to 70 for MERAL Health and M			DST, BERLIN, MD.
after death. 2, and 3 t Page 5 may TO FUNERA Health and	230	BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
fter age o lealt		Sicrial 3-8-80 Calvary (In Cem, Rewark of	Tong p/4d.
DHMH-17 1/71 10M	24%	FONERAL DIRECTOR CONTROL AND BELLEVILLE AND BELLEVILLE AND AND MAR I 1980'S. RECT. MAR	my settle Cready
(VR A15ME (5))		Jalley Megnorial Selection MAR 1 1 1980	



1					STA	TE OF MARYLAN	ND D				
					DEPARTMENT OF	HEALTH AND M	ENTAL HYGI	ENE ()	8 5	5 9	
++ FOR STATE				- 1	MEDICAL EXAMI	NER'S CERTIFIC	ATE OF DE	ΔТН		,	
HEALTH DEPT.	1.	DECEASED-NAME	First		Middle	Lost		20. DATE KNOWN	Month [Doy Year	2b. HOUR
111111		(Type or Print)	LEO	WA	CARRIE	TAY	LOR	OF F211-	-	1 -	30
Give Por th farm P	3.	CEY .	4. RACE	S. DATE OF BIRT			IF UNDER 24 HRS	DEATH MATED		5 1980	
Mith form	T	- /	A	1/1 0	1805 lost birthod	y) MONTHS OAYS	HOURS MIN	2c. DATE PRONOUNCE Month		Yeor	2d. HOUR
Give ith fa		emale	(avcusian			YRS.		3	Day	19 8 6	TAM
8 3 24/		BIRTHPLACE (Stote	or Toreign /b.	CITIZEN OF WHA	A	MARRIED NEVER MARI		NTY OF DEATH			
olang w		1	311	VIDI		<u> </u>	CED 🗌		ESTER		Md.
hours hours I fem 18.	10.	CITY OR TOWN OF	DEATH DE		ME OF HOSPITAL OR INSTITU	TION (If not in hospital	120. USUAL OC	CUPATION (Kind of w working life, even if	ork done	2b. KIND OF BU	SINESS OR
4 = 5 (5)	16	cean Ci	Ty KF			Street	Hous	C. WITE	reilied.)	HO	me.
RE, Md. within 2. in pencil iner's Offi	130	. USUAL RESIDENCE dmission) STATE	E (Where deceosed	l lived, if institut	ign: Residence before 13c.	CITY OR TOWN	INSIDE CITY LIMITS?	13e. STREET AND NUM	ABER /	1 (
within in pen in		odmission) STATE	Ma.	13b. COUNTY	Vorcester Oc	ean City	YES NO NO	NO,20, 56	Jh. 57	reet	
	14.	FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAID	EN NAME First	M	iddle	Lo	st
BATTIMORE, with serviced with serviced with serviced with services and		(7.6	OXOR	Andres	NDUM	Flox	ence	Mae		EVA	ns
BATTIMO executed pending dical Exam pages within 172			ER IN U.S. ARMED FOR		16b. SOCIAL SECURITY NO.	17. INFORMANT,		ADDRES	S	1	
⊢ ⊕ ⊕ ⊕ +	1	es, no or unknow	n) (If yes give war	r or dates of service)	213-74-002	MrsLillin	nT. Harm	on Box 43'	7Elms	t. Ocean	CH. MI
PRESTON STREET, rificate should be writing the ward to the Chief Med snsit permit. File and in any event		18 CAUSE OF	DEATH (Enter only	one couse per lin	e for (o), (b), and (c)	11.52.1101	1 / 1	11 000 10	1200	APPROXIMAT	
TON ST e shaul ng the w the Chie permit.		PART I. D	EATH WAS CAUSED B	3Y:	March The	agul all	Whenthe			BETWEEN ONSE	AND DEATH
S C C C C C C C C C C C C C C C C C C C		411	IMMEDIATE	1 /	Cecure Ing	CREATE S	mucelo	A	g		
W. PRESTON certificate state, writing the ded to the l-transit peri		Canditions, if a	ny, which gave	DUE TO, OK I	AS A CONSPOUENCE OF	ala Would	10 A me deal	1. Alan	0.117	35.35	
		rise to immedi	ote couse (o).	(p) (p)	AS A CONSEQUENCE OF	are const	is of the same	or weren	W	-	
K. Cel		stoting the un lost.	derlying couse	DUE TO, OK	AS A CONSEQUENCE OF					1000	
301 W. PRESI: This certificate, writin farwarded to the burial-transit or remayal, and			,	(c)							
5 4 5 5		PART 2. OTHER S	IGNIFICANT CONDITIO	ONS CONTRIBUTIN	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE OR CONDITION	N GIVEN IN PART 1(0)			
RECORDS, SEXAMINER: execute the ce should be for used as a remarking or remarking or the central contractions.	3	190. DATE OF O	DED L TION		101 5010 11011 500 1111						
Og ed cute	CATI	190. DATE OF U	EKATION		19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION				2D. AUTOPS	
L EXAM Executive executive shauld	CERTIFICATION									YES 🗌	NO 🗌
VITAL EDICAL Slease 4 9ge 4 8s.		210. EXTERNAL (AUSE WAS CONTRIBUTING	121b. TIME OF II	NJURY Month, Day, Yeor	21c. HOW INJURY OCC	URRED (Enter notur	e of injury in Port 1 o	or Port 2, Item	18.)	
MEDICA MEDICA Page 4 files. auld b burial,	MEDICAL	CAUSE OF DEATH	1	P.M	. 19						
OF VI TY MEDI ary, plec r. Page ur files. shauld to burjo	W	21d. INJURY OCC		ACE OF INJURY (At ry, office building	t home, form, street,	21f. LOCATION Street or	r R.F.D. No.	City or Town		County	Stote
SION OF VITAL DEPUTY MEDICAL ecessory, please irector. Page 4 ir your files. ge 3 should be prior to buriol, co		AT WORK AT		ry, office boliding	, etc.)						
		22a. l	ertify that I taa	k charge of th	e remains described ab	ove, held an Autop	sv . Insi	pectian 🔀, In	quiry 🔀,	and in m	ny apinion
TO TO Jelay is n uneral di tained fo TOR: Page				Natural cause			Homicide	Undetermined		7	n apimon
delay i funeral retained ECTOR:			. 10	1 8	(1)		MEDICAL EXAMINE	_			
b for the		ACTUAL	V	DOWN S	Aur. Mil	(11/1)	TANT MEDICAL EXAMINE		22b. DATE SIG	GNED /	
If any delay is a the funeral y be refained to DIRECTOR:	1	SIGNATURE	- 100	- reary	19 mm		TY MEDICAL EXAMIN		2/	7/83	. 100.4
A S S S		EXAMINER'S NAME (Type)	THOMA	8 h. J	ONES, M.D.				EARLST	611111111	MI Mh.
offer death. If 2, and 3 to Page 5 moy TO FURRAL Health and M	230	BURIAL, CREMAT	ION, 23b. D/			ERY OR CREMATORY		LOCATION (City or Tox		ounty) "	(total
after de 2, and Page 5 To FUI Health	-	REMOVAL (Speci		9/80		0 /	230	Base Company of 100	111	ounty) (S	Stote)
after 2, or Page To Health	24.	FUNERAL DIRECTO	IR 1	100	Evergreer		250 REC'D BY REG	ICTRAP TOCK DE	CHITDAD'S ST	OY	1101
DHMH-17 1/71 10M (VR A15ME (5))	11	TOTAL DIRECTO	A Bu	Anna Da	0 M:11: CL	B. 1. MI	MAR 1 1	1980	SUSTRAR'S SIG	Ke Crea	lu
((c) smcIA Av)	1	ma	113/00	m agazi 0	o Williams Sl.	perinina	DATES SO I I	1300	./.	3	1

A CONTRACT ON THE PARTY OF THE

	I. DEC	REGISTRAR EASED NAME OR PRINT)	JAMES.	- 14	MODIE MORRIS	Ware	R5	20. DATE KNOWN SOF ESTI-DEATH MATED	MONTH DAY	YEAR 26. HO
ON STREET	3. SEX	M	NEGRO	DATE OF BIRTH MONTH DAY			IF UNDER 24 HR	PRONOUNCED DEAD		YEAR 2d HO
v Prest	FOI		LAND	US/	9	WIDOWED [EVER MARRIED DIVORCED	Wor	CESTER	
00		SNOW	HILL	Ste	ITAL, NURSING HOM	w Hill		USUAL OCCUPATION (TYPE) OR MOST OF WORKING LIFE)	OR II	O OF BUSINESS NOUSTRY
35	USUA 130. S1		IN NURSING HOME OR'C	THER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 134. CITY OR TOWN	13d. INSIDE		STEVEN RO	/	
230	14. FA	THER'S NAME	ı	MIDDLE	WATER	5	HER'S MAIDEN NA FIRST MARY	WIDDLE	STEVER	
1	16a. W (YE	'AS DECEASED E S. NO. OR UNKNOWN	VER IN U.S. ARME (IF YES, GIVE WA		3/8-16-			ERS AT. #3	Svew	HILL, M.
ND MENTAL HYGIENE, N, OR REMOVAL.	Z	PART I DEAT O 5 0 Canditions, gave (ise cause (a) st lying cause	If any, which to immediate ating the under-	Y: CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	OF (0), (b), and (c).) DIABET AS A CONSEQUENCE DIABETE AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF MED	ON GIVEN IN PART 1 (a)		BETWEE	ROXIMATE INTERVA
2	TIFICATIO	19a. DATE OF O	PERATION	196. CONDITI	on for which oper	RATION WAS PERFO	RMED?			TOPSY?
(0)	CAL CERTIFICATION	21a. EXTERNAL	CAUSE WAS	21b. TIME OF HOUR A.M. ATH P.M.	INJURY MONTH DAY YEA	21c. HOW INJUR		TER NATURE OF INJURY IN ITEM 18 P.	YE	
(0) 8 1	MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE	CAUSE WAS OR CAUSE OF DE	21b. TIME OF HOUR A.M. ATH P.M. 21e. PLACE O	INJURY MONTH DAY YEA	21c. HOW INJUR		TER NATURE OF INJURY IN ITEM 18 P. CITY OR TOWN	YE	
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATIO	MEDICAL CERTIFICATION	21a, EXTERNAL UNDERLYING CONTRIBUTING 21d, INJURY OC WHILE AT WORK	CAUSE WAS OR OR CAUSE OF DE. CURRED NOT WHILE AT WORK that I took charge of from: Natural	21b. TIME OF HOUR A.M. ATH P.M. 21e. PLACE O STREET, FACTO	INJURY MONTH DAY YEA 19 FINJURY (ATHOME, DRY, FARM, ETC.)	R 21f. HOW INJUR 21f. LOCATION STREET Autopsy , vicide , Hom TITLE	Inspection Inspection Unicide Inspection Unicide Inspection Inspec	CITY OR TOWN	YE: ART 1 OR PART 2) COUNTY I in my apinian	s No

